Minnesota Department of Labor and Industry Construction Codes and Licensing Division Licensing / HPP PO Box 64220 St. Paul, MN 55164-0220



Email: dli.license@state.mn.us Website: www.dli.mn.gov/ccld.asp

Phone: (651) 284-5031 TTY/MRS: (651) 297-4198

Unlicensed Individual – HPP Registration Application / Renewal

PAID APPLICATION FEE IS NOT REFUNDABLE CASH IS NOT ACCEPTED BY MAIL OR WALK-IN

Make check or money order payable to: Minnesota Department of Labor & Industry			SPACE IN BOX FOR OFFICE USE ONLY				
SELECT YOUR FORM OF REGISTRATION:			Account Number 632457		STK B42HPPLIC		
☐ New Registration		\$19.00 \$19.00 \$24.00	Check Number		Amount Paid		
☐ Renew Registration (not expired)							
☐ Renew Registration (expired)			□ PCK □	сск 🗆 мо	DLI Deposit Date		
☐ Reinstate Registration (expired over 12 mo)		\$19.00	NOTICE: Pursuant Statute § 604.113, cl				
If you are or were registered as an unlicensed individual to install high pressure piping (HPP), provide your registration number.	REGISTRATION	NUMBER	non-payment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.				
PRINT IN INK OR TYPE			APPLICATION NUMBER:				
MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS							
NEW REGISTRATION	RENEW REG	ISTRATION		REINSTATE REGISTRATION			
Individuals performing HPP work without a Minnesota HPP Pipefitter's license must be registered as an unlicensed individual. Select New Registration if you have never been previously registered as an unlicensed individual. Individuals who have a current or has been expended in the		as been <u>exp</u> nay renew t registration vork experie f \$5.00 is re	he registration. he registration. he prevents the loss ence. equired for late	Unlicensed individuals performing HPP work may reinstate a registration that has been expired for more than 12 months. Accrued work experience during the unregistered period is lost and may not be applied toward licensure. No late fee is required.			

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your Social Security Number and non-designated address, becomes public data and may be released to anyone upon request.

SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)		AREA CODE & PHONE NUMBER		E-MAIL ADDRESS				
LEGAL LAST NAME	AL LAST NAME SUFFIX (JR, SR, II, III)		LEGAL FIRST NAME		LEGAL MIDDLE NAME				
RESIDENTIAL ADDRESS			PUBLIC MAILING ADDRE	SS (if different	from resident	ial address)			
CITY NAME	STATE ZIP	CODE	CITY NAME		STATE	ZIP CODE			
Is the Residential address above a non-designated (private) address?	☐ Yes ☐ No		If yes , then you must provide a designated (Public) mailing address.						
APPLICANT SIGNATURE	DATE SIGNED (MM/DD/YYYY)								

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198